

Please submit samples to: Accession No.: \_\_\_\_\_

VDC  
University of Nebraska - Lincoln  
East Campus Loop and Fair Street  
Lincoln, NE 68583-0907  
(402) 472-1434

Johne’s Testing/Certification Program

<p>Herd ID No.: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/state/zip: _____</p> <p>County: _____</p>	<p>I have sampled these animals and affirm that identifications are correct.</p> <p>_____</p> <p>Veterinarian (Signature)</p> <p>Accreditation No.: _____</p> <p>Clinic name: _____</p> <p>Address: _____</p> <p>City/state/zip: _____</p> <p>Telephone: (_____) _____</p>
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<p>Current Johne’s Disease Status:</p> <p>Uncertified _____ Standard _____</p> <p>Level 1 _____ Track _____</p> <p>Level 2 _____</p> <p>Level 3 _____ Fast _____</p> <p>Level 4 _____ Track _____</p>	<p>Reason for test:</p> <p>Maintain status: _____ Clean Up: _____</p> <p>Move to next level: _____</p> <p>Herd size:</p> <p>Cows &gt;3 yrs. old: _____</p> <p>Bulls &gt;2 yrs. old: _____</p>	<p>Sample date: _____</p> <p>Total samples submitted:</p> <p>Serum: _____</p> <p>Feces: _____</p>
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Sam .No.	Official Identification	Other ID	Se x	Age	Results	Sam .No.	Official Identification	Other ID	Se x	Age	Results
<u>1</u>						<u>16</u>					
<u>2</u>						<u>17</u>					
<u>3</u>						<u>18</u>					
<u>4</u>						<u>19</u>					
<u>5</u>						<u>20</u>					
<u>6</u>						<u>21</u>					
<u>7</u>						<u>22</u>					
<u>8</u>						<u>23</u>					
<u>9</u>						<u>24</u>					
<u>10</u>						<u>25</u>					
<u>11</u>						<u>26</u>					
<u>12</u>						<u>27</u>					
<u>13</u>						<u>28</u>					
<u>14</u>						<u>29</u>					
<u>15</u>						<u>30</u>					

Number Negative: \_\_\_\_\_ Number Positive: \_\_\_\_\_ Total Tested: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Date Reported: \_\_\_\_\_ Reported by: \_\_\_\_\_